

377

### Instructions

Postmark Date: 08/14/04

TERM

3061132

- | NAME    | Last | First | Middle |
|---------|------|-------|--------|
| Schifer |      | Julie |        |

NAME \_\_\_\_\_  
CHANGE \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

2. BUSINESS PHONE (985) 626-6160  
(Area Code) Phone Number

3. FAX PHONE N/A

4. BUSINESS ADDRESS	1320 Stillwater Drive,	Mandeville,	Louisiana	70471
	Street and No.	City	State	Zip

MAILING ADDRESS Same as above  
Street and No. City State Zip

5. EMPLOYER AstraZeneca Pharmaceuticals, LP

6. EMPLOYER'S ADDRESS	1800 Concord Pike, P.O. Box 15437,	Wilmington, Delaware	19850-5737
	Street and No.	City	State Zip

7. Have you ceased or terminated **all** lobbying activities requiring registration? Yes ☒ No ☐

8. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1) Name AstraZeneca Pharmaceuticals, LP  
Address 1800 Concord Pike, P.O. Box 15437, Wilmington, Delaware 19850-5737

**Business or purpose:** Matters affecting the pharmaceutical manufacturing and health care industries.

☐ **New Representation**  
Does this person pay you?

1f No, who pays you? \_\_\_\_\_

Terminated Representation as of June 22, 2006

**EXECUTIVE LOBBYING  
SUPPLEMENTAL REGISTRATION FORM**

**Executive Lobbyist Registration No.**

2) Name N/A

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3) Name N/A

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist